

<b>Case Number:</b>	CM14-0209781		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/25/2000
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 58 year-old female with date of injury 02/25/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/25/2014, list subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed range of motion was restricted with flexion limited to 28 degrees and extension limited to 15 degrees by pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band were noted on both sides. Lumbar facet loading was negative bilaterally. Straight leg raise was positive bilaterally at 80 degrees. Sensation was decreased over the posterior thigh and lateral thigh on the left. Diagnosis: 1. Low back pain. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Lidoderm 5% Patch, #30 SIG: apply for 12 hours per day as needed 2. Exalgo, #30 SIG: take once daily 3. Neurontin 800mg, #120 SIG: take 1 four times daily 4. Norco 10/325mg, #90 SIG: 1-2 tabs TID 5. Zanaflex 4mg, #60 SIG: take 1-2 at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidoderm 5% patch #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain. Lidoderm 5% patch #30 with 2 refills is not medically necessary.

**Exalgo #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** Exalgo is an opioid agonist indicated in opioid-tolerant patients for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Exalgo #30 with 2 refills is not medically necessary.

**Neurotin 800mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no

documentation of any functional improvement. Neurotin 800mg #120 with 2 refills is not medically necessary.

**Norco 10/325mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #90 with 2 refills is not medically necessary.

**Zanaflex 4mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

**Decision rationale:** Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 4mg #60 with 2 refills is not medically necessary.